Image# 10931346883 09%24#20140 13:43

#### **FEC FORM 5**

#### REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1			
NARAL Pro-Choice America				
10.10.00.000				
(b) Address (number and street)				
Suite 700 (c) City, State and ZIP Code				
	3. FEC Identification Number			
Washington DC 20005	<b>C</b> C90004185			
2. Corporate filers only  Is the filer a qualified nonprofit corporation?  X Yes No	300001100			
is the mer a qualified horiprofit corporation:				
Individual filers only Name of Employer	Occupation			
L TYPE OF PEROPT ( L.				
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report	Notice			
☐ July 15 Quarterly Report				
October Quarterly Report				
☐ January 31 Year-End Report				
□ January ST real-End hepoit				
(b) Is this Report an amendment? Yes No X				
5. COVERING PERIOD: FROM 09 / DD / YYYYY 2010				
THROUGH				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
6. TOTAL CONTRIBUTIONS	0.00			
7. TOTAL INDEPENDENT EXPENDITURES	716.84			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, it reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation.	the independent expenditures			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
Kimberly Robinson	09/24/2010			
<u> </u>				
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.				

 $For \ further \ information, \ contact:$ 

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee		Date
Adams, Hussey & Associates		M M / D D / Y Y Y Y
Mailing Address 1600 Wilson Blvd. Suite 300		0 9 2 4 2 0 1 0 Amount
	ate Zip Code	229.17
Arlington V.	A 22209	
Purpose of Expenditure	Category/	Office Sought: X House State: AZ
Art & copywirting	Туре	House Senate District: 03
Name of Federal Candidate Supported or Opposed by Exp	enditure:	President District:
Benjamin Quayle		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	233.32	Disbursement For:  2010  Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Adams, Hussey & Associates		M M / D D / Y Y Y Y
Mailing Address		0.9 24 2010
1600 Wilson Blvd. Suite 300		Amount
	ate Zip Code	229.17
Arlington V.	A 22209	
Purpose of Expenditure	Category/	Office Sought: X House State: LA
Art & copywirting	Туре	House Senate District: 02
Name of Federal Candidate Supported or Opposed by Exp	enditure:	President
Joseph Cao		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	371.47	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Adams, Hussey & Associates		
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1600 Wilson Blvd. Suite 300		Amount
	ate Zip Code	229.17
Arlington V	A 22209	
Purpose of Expenditure	Category/	Office Sought: X House State: MI
Art & copywirting	Type	House
Name of Federal Candidate Supported or Opposed by Exp	enditure:	President District: 07
Tim Walberg		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	12297.67	2010 — — — — — — — — — — — — — — — — — —
<u> </u>		
(a) SUBTOTAL of Itemized Independent Expenditures		687.51
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full)

NARAL Pro-Choice America		
Full Name (Last, First, Middle Initial) of Payee Bulletproof		Date
Mailing Address		0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1840 41st Street Ave 102-333		Amount
City Sta Capitola CA	•	4.15
Purpose of Expenditure Proofreading	Category/ Type	Office Sought: X House State: AZ House Senate State: 02
Name of Federal Candidate Supported or Opposed by Expe Benjamin Quayle	enditure:	President  Check One:  Support  District: 03  X  Oppose
Calendar Year-To-Date Per Election for Office Sought	233.32	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Bulletproof	I	Date M M / D D / Y Y Y Y
Mailing Address 1840 41st Street Ave 102-333		Amount D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta Capitola CA	•	4.15
Purpose of Expenditure Proofreading	Category/ Type	Office Sought: X House State: LA House Senate State: 02
Name of Federal Candidate Supported or Opposed by Expe Joseph Cao	enditure:	President District: 02  Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	371.47	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Bulletproof	'	Date    M M
Mailing Address 1840 41st Street Ave 102-333		Amount
City Sta Capitola CA	•	4.15
Purpose of Expenditure Proofreading	Category/ Type	Office Sought: X House State: MI House Senate Size 07
Name of Federal Candidate Supported or Opposed by Expe Tim Walberg	enditure:	President  Check One:  Support  District: 07  X  Oppose
Calendar Year-To-Date Per Election for Office Sought	12297.67	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		. 12.45
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

### SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

			THE PROPERTY OF THE PROPERTY O
IAME OF FILER (In Full)  NARAL Pro-Choice America			
TWITTE I TO-OHOICE AHIERICA			
I			
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice America			Date
NARAL FIO-CHOICE AITIERICA			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address			
1156 15th Street, NW, Suite 700			Amount
City	State	Zip Code	8.44
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: X House State: IL
List rental		Туре	House Senate
Name of Federal Candidate Supported or Oppos	ed by Expenditure:		President District: 10
Dan Seals			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		300.57	2010 — —
for Office Sought			Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
NARAL Pro-Choice America			M M / D D / Y Y Y Y
Mailing Address			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
1156 15th Street, NW, Suite 700			Amount
City	State	Zip Code	8.44
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: X House State: IL
List rental		Type	House Senate
Name of Federal Candidate Supported or Oppos	ed by Expenditure:		President District: 10
Bob Dold	, ,		Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		300.57	2010 — —
for Office Sought		300.07	Other (specify)
(a) SUBTOTAL of Itemized Independent Expend	itures		16.88
(b) SUBTOTALof Uniternized Independent Expe	nditures		
			716.84
(c) TOTAL Independent Expenditures			/10.04
(carry total from last page forward to I	∟iii <i>∈ / )</i>		